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Approved for use through 9/30/00. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

☑ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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Att rney D cket Number		SF0896K					
First Named Inventor		Vicari et al.					
COMPL	ETE IF	KNC)WN				
Application Number	09)	/	768,917			
Filing Date	Janu	ary 24	4, 20	001			
Group Art Unit							
Examiner Name		***					

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
CHEMOKINES AS ADJUVANTS OF IMMUNE RESPONSE										
the specification of which (Title of the Invention) is attached hereto										
OR was filed on (MM/DD/YYYY) January 24, 2001 as United States Application Number or PCT International										
Application Number 09/	768,917 and w	as amended on (MM/DD/Y	YYY) [(if applicable).					
I hereby state that I have re amended by any amendme	eviewed and understand the eart specifically referred to abo	contents of the above iden	tified specificatio	n, including the c	daims, as					
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	R 1.56.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO					
EP 0 974 357 A1	European Patent									
	ation numbers are listed on a	بروب والمستقد المستقد			eto:					
	under 35 U.S.C. 119(e) of an		application(s) lis	sted below.						
Application Number	r(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisiona ers are listed o emental priority SB/02B attache	n a data sheet					
		[Page 1 of 2]								

	[Page 1 of 2	2]	
	CERTIFICATE	OF MAILING	
I hereby certify that envelope addressed	this correspondence is being deposited vito: Assistant Commissioner for Patents,	with the United States Po Washington, D.C. 2023	ostal Service as first class mail in an 1 on this date: June 4, 2001
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PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

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United States of United States of information whi	of Americ or PCT Int ich is ma	it under 35 U.S.: a, listed below (emational applic terial to patental international filin	and, inso cation in bility as o	ofar as the ma defined	the subj nner pro I in 37 C	ect matter vided by ti FR 1.56 w	r of ea ne first	ch of the Daracian	claims of the	is applica C. 112. I	ation is acknow	not disclosed Viedge the duty	to disclose	
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)							
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Additional	U.S. or P	CT international	applicat	ion nur	mbers are	e listed on	a sup	plemental	priority data	sheet P1	ro/sb/	02B attached h	ereto.	
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Name of So	ole or F	irst Invento	r:					A petitio	n has been	filed fo	r this u	insigned inve	ntor	
Gi	ven Nar	ne (first and m	niddle [if	anyl)			Family Name or Sumame							
Alain P.				_			Vi	cari				- 10 0000		
Inventor's Signature					=					Date	05/21/01			
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Post Office A	ddress													
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental She t
Page ____ of ____

Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])					Family Name or Sumame						
Christophe											
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Given Na	me (first and middle [if any])				Family Na	me or	Sumar	ne		
Drake	LaFaçe										
Inventor's Signature	Kal	1	1	_				5	2≤ 01 Date		
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Post Office Address							_				
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Name of Addition	nal Joint Inventor, if an	y:] <i>f</i>	A petitio	on has been fil	ed for t	this uns	signed in	ventor	
Given Na	me (first and middle (if any))				Family Na	me or	Surnar	ne		
Inventor's Signature									Date		
Residence: City		State		c	ountry			Cit	izenship		
Post Office Address		_						·-			
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